HEALTH AND HUMAN SERVICES
Behavioral Health and Crisis Services

PROGRAM: Behavioral Health Community Case Management Services

PROGRAM ELEMENT: Contract Monitoring

PROGRAM MISSION:
To provide for the overall planning, monitoring, evaluation, and service development of the County's continuum of substance abuse treatment to foster a safe, healthy, and supportive community that strives to help persons with dependence on alcohol and other drugs

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy
- Individuals and families achieving their maximum possible level of self-sufficiency
- Children and vulnerable adults who are safe

PROGRAM MEASURES	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:					
Percentage of monitored contracts that report outcome measures with improved results	66	50	67	70	70
Service Quality:					
Percentage of monitored contracts using a customer satisfaction survey that show improved satisfaction	NA	50	45	100	90
Percentage of monitored contracts using a customer satisfaction survey	40	58	84	100	100
Efficiency:					
Average administrative cost for monitoring functions per customer ($)	130	133	141	125	129
Workload/Outputs:					
Number of contracts monitored	12	12	12	13	12
Number of customers served through all monitored contracts[a]	3,077	3,164	3,110	3,200	3,250
Inputs:					
Total expenditures ($000)[b]	3,300	3,936	3,866	3,515	4,250
Expenditures for administration ($000)	400	420	438	[c]400	[c]420
Workyears	4.8	4.4	4.8	4.1	4.1

Notes:

[a]The number of customers served does not include those served through the Dade Bering Urine Monitoring contract.

[b]Total expenditures are for contracts and include funds awarded by the County, the Alcohol and Drug Abuse Administration, the Federal High Intensity Drug Trafficking Area (HIDTA) Grant, and the Federal Block Grant. These resources fund the delivery of substance abuse treatment services that are not reimbursed by insurance. The amount of total contract expenditures decreased between FY04 and FY06 due to the elimination of the psychiatrists' contracts from the total cost starting in FY04; the partial elimination of the Center for Substance Abuse "Substance Abuse for Women" grant (which has partial funding for FY05 and no funds budgeted for FY06); and the effect of cost containment by the State Alcohol and Drug Abuse Grant for part of FY04, which was then annualized for FY05 and FY06. The County Executive has recommended increased funding for selected treatment contracts in FY07.

[c]Decrease in salaries during FY06 and FY07 reflects the turnover of staff in the Program Monitoring Unit during FY06 projected into FY07, plus lapse.

EXPLANATION:
Staff are responsible for overseeing a continuum of substance abuse treatment services for adult residents. The oversight of publicly-funded services includes outpatient, residential, case management, psychiatric, and halfway house services. Staff also interface and collaborate with consumers, advocates, all service areas within the Department of Health and Human Services, and other public and private providers in the County.

These programs are operated by independent vendors, and progress toward achieving the County's desired results for customer satisfaction and improved outcomes has been slow. While the FY04 goal of having 76% of monitored contracts using a customer satisfaction survey was not met, the 58% actual rate is an improvement over the FY03 rate of 40%. The County is moving to performance-based compensation as an incentive to reach desired outcomes in FY05. Also in FY05, all programs will be required to have customer satisfaction surveys in place to meet State requirements.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Juvenile Assessment Center, Community Re-entry Services; Maryland Department of Health and Mental Hygiene; Maryland Department of Parole and Probation; Coalition for the Homeless; Housing Opportunities Commission; providers participating in the Public Mental Health System; County-funded mental health providers; Department of Correction and Rehabilitation.

MAJOR RELATED PLANS AND GUIDELINES: Maryland Alcohol and Drug Abuse Administration, Federal High Intensity Drug Trafficking Area Initiative, Department of Parole and Probation (for Break the Cycle).

HEALTH AND HUMAN SERVICES
Behavioral Health and Crisis Services

PROGRAM:
Behavioral Health Community Case Management Services

PROGRAM ELEMENT:
Urine Monitoring Program

PROGRAM MISSION:
To provide for the accurate, timely, and cost-effective collection, analysis, and reporting of urine samples for illicit drug use to assist residents of Montgomery County who are referred for services due to criminal justice, social service, or treatment needs

COMMUNITY OUTCOMES SUPPORTED:
- Children and vulnerable adults who are safe
- Children and adults who are mentally and physically healthy

PROGRAM MEASURES	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:					
Percentage of drug tests that were accurate	100	99	99	99	99
Service Quality:					
Percentage of urine samples analyzed and results released within 24 hours	95	95	95	97	97
Percentage of urine samples analyzed and results transmitted electronically via HATS[a] within 24 hours of sample collection	95	95	95	97	97
Efficiency:					
Average cost per sample analyzed ($)[b]	8.16	7.60	6.32	7.01	7.59
Percentage of user agencies linked to HATS[a] for electronic reporting of urine analysis results	95	95	95	98	98
Workload/Outputs:					
Number of samples accepted for analysis	75,364	87,920	[c]94,903	[c]89,000	[c]90,000
Number of agencies linked for electronic results	50	56	59	60	60
Inputs:					
Expenditures ($000)[b]	615	668	600	624	683
Workyears[b]	10.0	9.3	8.3	8.3	8.3

Notes:

[a]HATS stands for HIDTA (High Intensity Drug Trafficking Area) Automated Tracking System.

[b]Expenditures include only personnel costs. The cost of infrastructure or hardware for HATS is not included (this is Federally funded), nor is the cost of chemicals and materials for assays (from multiple funding sources, including County, State, and Federal grant funds).

[c]The number of samples increased due to the early introduction of testing for Corrections clients, which began mid-FY05. (The latter program was not expected to begin until FY06.) In FY06, the number of samples accepted for analysis is leveling off but is projected to increase slightly in FY07, consistent with FY06 experience to date.

EXPLANATION:
The Urine Monitoring Program provides Montgomery County's Department of Health and Human Services and allied agencies with a resource for obtaining low-cost testing of urine samples for drug abuse. To support community efforts to improve public health and public safety, access to such tests needs to be "on demand," and results need to be delivered in an accurate and timely manner. The program partners with a wide range of criminal justice, human service, and substance abuse treatment agencies that work with the adults, families, and youth who are served by this program.

In FY05, the Urine Monitoring Program was successful in maintaining high performance results with a 99% accuracy rate for drug tests. In addition, the percentage of samples analyzed and results released within 24 hours and the percentage of urine samples analyzed and results transmitted electronically within 24 hours of sample collection remained at 95%.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Department of Correction and Rehabilitation, Department of Parole and Probation, Maryland Department of Juvenile Services, Child Welfare Services, Circuit Court - Family Division, substance abuse treatment sites, Mental Health Association, community providers.

MAJOR RELATED PLANS AND GUIDELINES: Maryland Alcohol and Drug Abuse Administration State Plan, Federal High Intensity Drug Trafficking Area Initiative, Department of Parole and Probation (for Break the Cycle), Maryland Department of Juvenile Services (for Graduated Sanctions and Break the Cycle Early).

HEALTH AND HUMAN SERVICES
Behavioral Health and Crisis Services

PROGRAM: Behavioral Health Specialty Services

PROGRAM ELEMENT: Adult Behavioral Health Program

PROGRAM MISSION:
To improve the mental health of adult consumers with serious behavioral health problems who are not eligible for the Public Mental Health System or are in need of non-traditional outpatient mental health services because of lack of success in standard services

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are mentally healthy
- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum level of self-sufficiency

PROGRAM MEASURES	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:					
Percentage of clients showing improvement in functioning and decreased symptoms:					
- By therapist rating[a]	97	97	93	93	93
- By symptoms list[a]	86	78	90	90	90
Service Quality:					
Percentage of clients receiving psychotherapy services who are satisfied with those services	98	95	[b]NA	90	90
Percentage of records which on first internal review exhibit satisfactory compliance using COMAR standards	90	92	92	92	92
Percentage of telephone referrals initially contacted within 3 days (State Standard = 10 days)	92	95	96	96	96
Efficiency:					
Percentage of clinician hours per year spent in direct services	61	58	[c]NA	60	60
Workload/Outputs:					
Number of clients provided psychotherapy in the office	334	342	[d]326	[i]396	[d]396
Number of psychiatric services provided in the office	1,717	2,096	[e]1,937	1,940	1,940
Number of clients provided direct assessment/referrals at outreach sites	189	150	[f]NA	[f]NA	[f]NA
Number of customers provided telephone information	487	380	[g]NA	[g]NA	[g]NA
Inputs:					
Expenditures ($000)	813	810	[h]804	1,099	1,236
Workyears	9.6	9.5	11.2	11.2	11.2

Notes:

[a]Assessment tools are used to evaluate clients' progress regarding psychological symptoms and social functioning. The therapist scale is completed by the clinician alone, while the symptom checklist is completed by the therapist and client together. Prior to FY03, data were only collected at discharge for clients with planned termination. In FY03, a change was made to measure the amount of improvement four months after admission. This timeline permits the collection of data on more clients but has also meant somewhat lower results.

[b]The satisfaction survey was not completed due to unusual program demands, including 11 staff changes, program relocation, and an acting supervisor available only 12 hours per week.

[c]Clinician hours spent in direct service could not be computed this year due to the shift to the Client Records System, which does not calculate total clinician hours including leave. This information is being captured manually for FY06.

[d]This number is lower because the new psychiatrist and therapist positions were not added until July 1, 2005.

[e]The decline was due to the presence of two vacant psychiatric positions during FY05.

[f]The mission of this program has changed, and as a result, this service is no longer provided, given the current focus on direct treatment service.

[g]Information and referral calls are now forwarded to the Access to Behavioral Health Services team.

[h]The FY05 actual was lower due to the difficulty of hiring the additional staff before May, 2005.

[i]The number of patients projected to be served in FY06 reflects an additional capacity of approximately 70 patients as a result of increased funding.

EXPLANATION:
This program's scope of services changed in FY05 to provide traditional and non-traditional behavioral health services, including diagnostic evaluation, psychotherapy, psychiatric services, and community outreach using best practice methods to serve consumers who are not able to access or are ineligible for the Public Mental Health System. In addition, the priority population served has expanded from primarily Hispanic and Vietnamese individuals to anyone who is a high-end user of system services or who has had prior treatment failures elsewhere.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Child Welfare Services, Department of Correction and Rehabilitation, Emergency Services, Partner Abuse Services, Victim Assistance and Sexual Assault Program, Child Mental Health Services, Addictions Services, Income Support Services, Spanish Catholic Center, CASA de Maryland, Immigration Services, Manna, Crisis Center, Proyecto Salud, Mobile Medical, Mercy Medical Clinic, Parole and Probation, National Alliance on Mental Illness, Aging and Disability Services, Homeless System, MAPS-MD.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.21.20, Federal regulations for drug and alcohol abuse, American Psychiatric Systems provider manual.

HEALTH AND HUMAN SERVICES
Behavioral Health and Crisis Services

PROGRAM:
Behavioral Health Specialty Services

PROGRAM ELEMENT:
Behavioral Health Access to Care

PROGRAM MISSION:
To improve the mental health and sobriety of County residents by helping them access needed outpatient mental health or substance abuse treatment services

COMMUNITY OUTCOMES SUPPORTED:
- Individuals and families that achieve their maximum possible level of self-sufficiency
- Children and vulnerable adults who are safe
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:					
Percentage of clients referred for substance abuse treatment who enter treatment as a result of the referral	53	56	56	58	58
Percentage of clients eligible for the Public Mental Health System[a] (PMHS) who are linked with an appointment with a provider	NA	58	55	60	60
Service Quality:					
Percentage of clients referred to substance abuse treatment who begin treatment within 30 days	53	56	56	60	60
Percentage of referral sources who are satisfied with program services[b]	NA	86	82	85	85
Efficiency:					
Average cost per client ($)	NA	270	206	226	226
Workload/Outputs:					
Number of clients assessed for substance abuse services	2,550	2,633	2,476	2,485	2,485
Number of clients referred to the PMHS	NA	1,902	2,382	2,400	2,400
Number of clients with commercial insurance who are assisted	NA	253	230	260	260
Total calls received for access to mental health services	5,868	6,681	10,529	11,000	11,000
Inputs:					
Expenditures ($000)[c]	1,030	1,292	1,049	1,155	1,210
Workyears[d]	15.0	15.8	12.0	12.0	12

Notes:
[a]Clients are eligible for the Public Mental Health System if they meet the "clinical necessity criteria" (that is, severity and type of psychiatric symptoms) and either financial or priority population criteria. The system serves those with major mental illness who are most in need.
[b]Referral sources consist of users of the service such as agencies, programs, or institutions who refer clients for or request assistance with Behavioral Health services, including outpatient mental health and substance abuse services.
[c]Expenditures included only personnel costs in FY03. Beginning in FY04, all relevant administrative and other staff costs are included.
[d]In FY03 and FY04, two teams - the Mental Health Access Team and the Client Assessment Team (for addictions) - were budgeted as separate programs. The workyears shown above for those years consist of the combined figures for both teams. In FY06, there is one budget.

EXPLANATION:
The goals of this team are to improve the mental health of and to facilitate recovery for low-income Montgomery County residents by assisting them with access to outpatient mental health services and the range of available substance abuse programs through assessments and referrals. Consumers with commercial insurance are assisted with accessing treatment services available within their policies, while those not eligible for the Montgomery County substance abuse continuum of care and the Public Mental Health System are helped with locating appropriate community resources.

The FY05 "percentage of clients eligible for the Public Mental Health System who are linked with an appointment with a provider" is lower than the FY04 level. Even when clients who were homeless and/or discharged from psychiatric hospitals were given an appointment with Safety Net Services (a transition psychiatric service provided by this team within three days of referral), the rate of kept appointments was less than 60%. The FY05 satisfaction survey results were lower than FY04, which seems to reflect delays in returning phone calls because two positions were vacant for nine months of the year. The number of clients receiving substance abuse assessments in FY05 was lower than FY04, primarily because of staff reassignments which resulted in fewer staff assessments being counted as workload for this team.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Providers participating in the Addiction Services System and the Public Mental Health System, Maryland Department of Parole and Probation, Coalition for the Homeless, Child Welfare Services, Crisis Center, Outpatient Addiction Services, Core Services Agency, Substance Abuse Services for Children and Adolescents, Montgomery County Public Schools, community providers and other Department of Health and Human Services programs.

MAJOR RELATED PLANS AND GUIDELINES: COMAR regulations for Outpatient Mental Health 10.21.20, Federal regulations for drug and alcohol abuse, American Psych Systems Provider Manual, Federal High Intensity Drug Trafficking Area Initiative, Department of Parole and Probation (for Break the Cycle).

HEALTH AND HUMAN SERVICES
Behavioral Health and Crisis Services

PROGRAM:
Child and Adolescent Mental Health Services

PROGRAM ELEMENT:
Care Coordination for Youth with Emotional Impairments (formerly Community Kids)

PROGRAM MISSION:
To improve outcomes for young people with severe emotional disturbances within targeted communities through collaborative strategies

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy
- Stable and economically secure families
- Children safe in their homes, schools, and community
- Young people making smart choices

PROGRAM MEASURES	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET[g]	FY07 CE REC[i]
Outcomes/Results:					
Percentage of adolescents who have reduced their use of drugs and alcohol[a]	66	46	41	50	70
Percentage of children who have shown improvement in emotional/behavioral symptoms in two or more domains[b]	100	100	87	85	90
Percentage of caregivers who have reduced their stress level as a result of their participation in the program[c]	50	67	62	60	70
Percentage of families served who have achieved the goals outlined in their individual service plans	68	70	75	60	80
Percentage of children, youth, and families served receiving community-based mental health and other support services[d]	NA	NA	100	90	100
Service Quality:					
Percentage of families who are satisfied with the service coordination efforts in which they have participated	85	96	96	90	90
Percentage of families who successfully carry out their plan of support	60	68	70	90	90
Efficiency:					
Average cost per child served ($)[e]	16,261	12,623	14,543	16,120	10,435
Workload/Outputs:					
Number of children served	111	106	92	75	115
Number of families served	87	87	65	56	96
Number of families involved in family support activities[f]	54	67	56	50	90
Inputs:					
Expenditures ($000)	1,805	1,338	1,338	[h]1,209	1,200
Workyears	4.0	3.0	1.5	1.0	1.5

Notes:

[a]Of the 22 youths who reported having used alcohol or drugs at intake in FY05, nine (41%) reported a reduction at follow-up.

[b]This is essentially a pre-post assessment measured by periodic administration of the Child Behavior Checklist (CBCL), an instrument that assesses eight domains or areas of behavior such as anxiety, delinquency, aggression, and social problems. The CBCL, which is part of a national evaluation of the program required as a condition of Federal funding, is administered as a baseline assessment, with follow-up assessments every six months.

[c]Parent/caregiver stress level and satisfaction with service coordination efforts are measured by two separate questionnaires. The parent/caregiver satisfaction questionnaire is administered quarterly and is used to improve future service coordination efforts. The stress level questionnaire is administered every six months.

[d]The percentage of children, youth, and families served who received community-based mental health and other support services is a new measure for FY05. "Support services" are defined as any therapeutic and/or non-therapeutic services provided in the community.

[e]The average cost per child includes expenditures for staff training and professional development, administration, evaluation, and other support functions.

[f]"Family support activities" include general family support as well as therapeutic and case management services.

[g]The FY06 outcomes/results and workload/outputs are estimates based on the expectation that the number served and associated outcomes will decrease as services are transitioned to a new care management entity.

[h]The FY06 amount reflects $609,000 in County funding and $600,000 in rollover funding from the Substance Abuse and Mental Health Services Administration (SAMHSA).

[i]In FY07, the program will move to a new service provider. While the basic thrust of the program will remain the same, it is likely that there will be some differences in the service delivery approach. It is anticipated that new program measures will be developed that better reflect the change to the new provider.

EXPLANATION:
The Community Kids program was first funded in FY00 and became operational during FY01. The program was created through a six-year Federal grant awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services. The grant was recently given a 12-month extension that will conclude in August 2006. However, Community Kids will transition all clients to a new vendor beginning in April, 2006. The Department of Health and Human Services is proposing to amend the non-competitive contract award to the Montgomery County Collaboration Council for Children, Families, and Youth to allow the Collaboration Council to administer these services for part of FY06 and in subsequent years. The Collaboration Council will then subcontract with Maryland Choices as the direct service provider. Maryland Choices has provided care coordination services for youth with intensive mental health needs in Indiana and Ohio and is nationally recognized for providing outstanding services for children and youth with emotional/behavioral health impairments and their families. This merger will centralize care coordination for children with behavioral health impairments, while achieving greater economies of scale.

Community Kids targets children and youth ages 5-18 (kindergarten through high school). The goal is to build a system of care for youth with emotional impairments and their families. This has been accomplished by delivering wrap-around services, building resources, integrating services, training on best practices and cultural competence, and fostering family involvement. During the six years of the grant, the Community Kids project has extended its family-centered decision-making structure and wrap-around services approach to departments and other government agencies as it built multi-agency collaborative teams including family and community members. The program continues to develop new methods for engaging families sufficiently to make significant progress with the children and youth who are the focus of these services.

To ensure that there will be no negative impact on service provision as children, youth, and their families transition to the new vendor, the care coordinators previously employed with Community Kids will transition to Maryland Choice to continue to coordinate care for families formerly receiving services with Community Kids. This will prevent families from experiencing any disruption in service delivery and will ensure the continued provision of a seamless continuum of wrap-around services.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Collaboration Council for Children, Youth, and Families, Montgomery County Police Department, Montgomery County Public Schools, Core Service Agency, Mental Health Association, Local Coordinating Council, Maryland Department of Juvenile Services, Youth Service Centers, Community Ministries, Community Use of Public Facilities, Housing Opportunities Commission, Family Services Agency, Inc., Federation of Families, National Alliance for the Mentally Ill, City of Gaithersburg, Maryland Choices, public and private mental health providers.

MAJOR RELATED PLANS AND GUIDELINES: The Children's Agenda, Blue Print Report, HHS Mental Health Strategic Plan, After School Activities Plan, Early Childhood Collaborative Plan, Collaboration Council Strategic Plan.

HEALTH AND HUMAN SERVICES
Behavioral Health and Crisis Services

PROGRAM: Child and Adolescent Mental Health Services

PROGRAM ELEMENT: Child and Adolescent Outpatient Mental Health Clinics

PROGRAM MISSION:
To improve the mental health of children and adolescents through individual, family, and group therapy and substance abuse education

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy
- Young people making smart choices

PROGRAM MEASURES	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:					
Percentage of clients who meet their treatment goals at the time of discharge and who successfully integrate back into the school/community	98	96	87	87	87
Percentage of clients showing improvement on GAF scores at discharge[a]	94	97	90	90	90
Service Quality:					
Percentage of parents/families who are satisfied with the services provided[b]	99	98	99	98	98
Efficiency:					
Average cost per psychotherapy session ($)	113	123	149	133	159
Workload/Outputs:					
Number of clients served	361	394	489	350	1,000
Number of psychotherapy sessions provided for clients who completed their treatment at the time of discharge	3,384	3,885	4,868	5,000	9,050
Number of psychiatric medication monitoring sessions provided for clients who completed their treatment at the time of discharge[c]	630	790	871	800	1,850
Inputs:					
Expenditures ($000)[d]	382	477	[e]727	[e]666	[f]1,436
Workyears	7.5	8.5	9.0	9.0	15.5

Notes:

[a]The Global Assessment of Functioning (GAF) instrument is used to assess the psychological, social, and occupational functioning of an individual on a mental health continuum.

[b]Because a large number of youngsters drop out of therapy before completing their treatment, a decision was made to distribute the questionnaire to each client or family before the end of each school year (between April and the end of June, the period when the most clients are enrolled in the program, according to clinic statistics).

[c]The increasing number of medication management sessions is due to the increasing severity of the symptoms exhibited by clients at the time of admission and throughout treatment.

[d]In October 2004, the State's administrative services organization changed: American Psychiatric Services (APS) replaced Maryland Health Partners. APS does not fund uninsured clients. The Silver Spring Clinic is the only provider in the County serving undocumented and uninsured clients. (There has been a 45 - 50% increase in the number of undocumented and uninsured clients enrolled in the program.)

[e]This figure reflects expenditures less revenue.

[f]The recommended FY07 increase in expenditures will be used to add six additional therapists and a contract psychiatrist.

EXPLANATION:
Child and Adolescent Mental Health Services Clinics is a countywide outpatient mental health program, with the primary clinic located in Silver Spring and satellite offices in Rockville and Germantown. These clinics serve low-income families who are uninsured, undocumented, or who have Medical Assistance. The clinics provide individual, family, and group therapy as well as substance abuse education. The clinics also provide mental health treatment, family support services, and clinical case management at local schools and other County locations.

The goal of the program is to assist children who are experiencing serious emotional and behavioral problems while they remain in the community whenever possible. It is commonly accepted that children tend to do better in treatment when their families can be actively involved, participating in and supporting their treatment. At the time of admission, the primary therapist formulates a number of short-term and long-term treatment goals for the client/family. At the time of discharge, these goals are re-evaluated to determine how many have been achieved by the client/family. Some clients/families achieve all of their treatment goals, some achieve some of their goals, and some achieve none by the time of discharge.

The Global Assessment of Functioning (GAF) instrument is used to assess the psychological, social, and occupational functioning of an individual on a mental health continuum. The GAF score is measured at admission and at discharge. The goal is to increase the percentage of clients showing an improvement in their functioning at home, at school, and in the community. In FY05, 90% of clients who completed their treatment and who attended/participated in at least five therapy sessions with their therapist and/or psychiatrist showed an improvement in their GAF scores. Ninety-nine percent of clients/families were satisfied with the services they received - an improvement over the FY04 performance. During FY05, 87% of clients met their treatment goals at the time of discharge. This number is down due to the severity of the clients'/families' mental health issues and the fact that many of them terminate therapy before achieving their treatment goals and without medical advice. The clinic served 489 clients during FY05 - a 24% increase over FY04.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Public Schools, Department of Juvenile Services, Juvenile Assessment Center, Multicultural Mental Health Program, Public Health Services, Child Welfare Services, Community Kids, Emergency Support Services, Income Support Program, Crisis Center, Silver Spring YMCA, community hospitals, Police Department.

MAJOR RELATED PLANS AND GUIDELINES: State COMAR regulations 10.21.16, 10.21.17, 10.21.20; Federal regulations (HIPAA); Montgomery County Department of Health and Human Services policies and procedures.

HEALTH AND HUMAN SERVICES
Behavioral Health and Crisis Services

PROGRAM:
Criminal Justice/Behavioral Health Services

PROGRAM ELEMENT:
Clinical Assessment and Triage Services (CATS)

PROGRAM MISSION:
To provide more appropriate care for offenders identified as having a significant behavioral health problem in the community and/or the Montgomery County Correctional Facility

COMMUNITY OUTCOMES SUPPORTED:
- Children and vulnerable adults who are safe
- Children and adults who are mentally healthy
- Safe communities

PROGRAM MEASURES	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:					
Percentage of eligible inmates successfully diverted to community behavioral health treatment[a]	93	97	91	65	90
Number of inmates with behavioral health symptoms successfully diverted into community behavioral health treatment[a]	280	357	395	260	350
Service Quality:					
Percentage of clients referred to community behavioral health treatment who began treatment within 30 days[a]	NA	NA	100	100	100
Efficiency:					
Cost per assessment ($)	321	333	309	308	318
Workload/Outputs:					
Number of inmates assessed for behavioral health problems upon entrance	1,673	1,879	[c]2,008	[c]2,000	[c]2,000
Number of inmates eligible for diversion	302	365	436	400	400
Inputs:					
Expenditures ($000)[b]	537	625	620	[d]618	[d]635
Workyears[b]	5.3	5.8	6.3	[d]5.9	[d]6.0

Notes:

[a]Individuals who are eligible for diversion are those who are identified with a behavioral health issue, and who have been found to be appropriate for and willing to be placed in treatment. Community treatment includes substance abuse and mental health treatment agencies. However, most inmates who are diverted to community treatment are treated for substance abuse problems.

[b]Increased workyears were assigned to this effort beginning in FY04. Further staffing changes were implemented in FY05 in order to improve CATS' ability to monitor clients with behavioral health issues in the community. For FY03 and FY04, the reported expenditures include operating expenses budgeted in the Service Chief's Office. For FY05 through FY07, operating expenses are budgeted directly in the program.

[c]For FY05 and beyond, assessments completed by staff located at the Department of Correction and Rehabilitation's Pre-Trial Services Unit are included in this figure, which explains the increase.

[d]These figures include salary lapse.

EXPLANATION:

The Clinical Assessment and Triage Services (CATS) program strives to reduce the length of stay at the Montgomery County Correctional Facility and provide appropriate care for offenders identified as having a behavioral health issue and who are eligible for diversion by placing them into community behavioral health treatment. Those inmates with behavioral health issues who are not eligible for diversion are assigned to the appropriate level of care at the Montgomery County Correctional Facility (MCCF). Staff from the CATS program assess inmates with behavioral health disorders at intake. This program is designed to avoid unnecessary confinement (which can exacerbate psychiatric symptoms) and to prevent the jail from becoming, by default, a hospital for mental illness. CATS staff identify inmates at risk of hurting themselves or others; refer inmates to Corrections Mental Health Services for housing, immediate observation, and mental health services; make referrals for psychiatric medication; clear inmates to be housed with the general population, if appropriate; or divert eligible inmates to an available community resource providing a level of service appropriate to manage the treatment needs of the individual. Beginning in January 2004, assessments are also being performed at the Pre-Trial Services Unit of the Department of Correction and Rehabilitation.

Individuals who are eligible for diversion are those who are identified with a behavioral health issue, have been found to be appropriate for and willing to be placed in treatment, are charged with a misdemeanor or nonviolent felony, have a limited number of failures to appear and no other legal barriers, and can be matched with appropriate treatment agencies within the community. Release to community placement is based on judicial release-on-bond conditions and pre-trial services supervision. Clients are placed in community-based treatment using diagnostic criteria from the American Society of Addiction Medicine Patient Placement Criteria (if their primary problem is an addictions problem) or criteria from the Diagnostic and Statistical Manual of Mental Disorders, Version 4 (if the problem is primarily of a mental health nature).

This diversion and referral program has been able to increase the number of inmates assessed and diverted with only a slight increase in funding. In FY04, more inmates were assessed because all relevant program positions were filled during the course of the year, a trend that has continued to the present time and is expected to continue. The decline in the percentage of inmates diverted to community behavioral health treatment in FY05 was due to a population with more serious criminal histories (who were therefore not eligible for diversion). This phenomenon has continued through FY06, along with a recent decrease in treatment options upon release from the Montgomery County Correctional Facility.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Core Service Agency, Police Department, Department of Correction and Rehabilitation, the Courts, substance abuse and mental health treatment providers, Public Defender Service, State's Attorney's Office, private attorneys.

MAJOR RELATED PLANS AND GUIDELINES: Code of Maryland (COMAR) for Addictions and Mental Health Services; American Society of Addiction Medicine Patient Placement Criteria, Second Edition - Revised (ASAM PPC-2R); the Diagnostic and Statistical Manual for Mental Disorders, Version 4; Federal confidentiality regulations.

HEALTH AND HUMAN SERVICES
Behavioral Health and Crisis Services

PROGRAM: Criminal Justice/Behavioral Health Services

PROGRAM ELEMENT: Community Re-Entry Services (CRES)

PROGRAM MISSION:
To reduce the rate at which Montgomery County Correctional Facility inmates with behavioral health issues re-offend after release into the community

COMMUNITY OUTCOMES SUPPORTED:
- Children and vulnerable adults who are safe
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:					
Number of inmates served who are engaged in behavioral care upon release[a]	163	159	176	[g]160	180
Number of inmates served who are connected to a shelter or residential facility at release	11	36	120	130	130
Percentage of homeless inmates who are connected to a shelter or residential facility at release[b]	53	40	48	50	50
Service Quality:					
Percentage of inmates served who are connected to behavioral health services in the community within 30 days[a]	50	40	49	50	50
Percentage of inmates served who re-enter the Montgomery County Correctional Facility[c]	39	18	25	20	20
Efficiency:					
Cost per inmate served ($)	923	840	942	[h]1,067	1,085
Workload/Outputs:					
Number of inmates with addictions served[d]	333	337	[f]213	220	220
Number of inmates with mental illness served[d]	139	208	28	30	30
Number of inmates with co-occurring disorders served[d]	NA	NA	272	300	300
Number of inmates served who refuse treatment at release	33	36	58	35	35
Inputs:					
Expenditures ($000)[e]	436	458	483	[h,i]587	[i]597
Workyears	5.3	5.3	5.3	[i]4.9	[i]5.0

Notes:

[a]Referrals come from Jail Addiction Services (JAS), the Crisis Intervention Unit (CIU), Moral Reconation Therapy (MRT), and general population programs who are discharged to community-based treatment and seeking access to community-based services.

[b]Inmates identified as homeless are those incarcerated individuals who have been documented as homeless by self report or who have become homeless as a result of their incarceration. Inmates identified as homeless can enter a shelter or residential treatment bed directly from the Montgomery County Correctional Facility.

[c]This measure includes inmates who have participated in JAS or the CIU and who are rearrested in the same fiscal year.

[d]An analysis of inmates served in FY05 revealed that the mental illness category included a larger number of inmates with co-occurring substance abuse and mental health disorders rather than only mental health disorders. Therefore the data are now being reported in three discrete categories as reflected above under Workload/Outputs.

[e]Includes operating expenses budgeted in the Service Chief's office in FY03 and FY04. For FY05 through FY07, operating expenses are budgeted directly in the program.

[f]The decrease in total inmates served was due to turnover of two staff positions for this program in FY05.

[g]The projected FY06 decline in the number of inmates served who are in engaged in behavioral care upon release reflects the recent decrease in treatment options upon release from the Montgomery County Correctional Facility.

[h]The increase in cost includes $40,000 for a contracted group home for five men with emotional problems.

[i]These figures include salary lapse.

EXPLANATION:
Community Re-Entry Services (CRES) seeks to ensure a successful return to a productive life in the community for offenders at the Montgomery County Correctional Facility who have behavioral health problems. CRES staff provide services to reduce the rate at which these former inmates re-offend and thus, return to incarceration. Staff coordinate diversion before sentencing by providing a recommended diversion plan to the judge. Staff also arrange for diversion after sentencing by going back to the trial judge for a modification of the sentence. The purpose is to connect to treatment those offenders who suffer from behavioral health disorders and who participate in structured treatment within the Correctional Facility and/or, in some cases, offenders who transition from the Department of Correction and Rehabilitation after serving a period of incarceration.

Criminal justice supervision combined with participation in treatment helps ex-offenders remain crime-free and symptom-free longer. Court sentences that mandate treatment are instrumental in motivating offenders to engage in treatment upon release. Participation in community-based treatment shortly after release from the Montgomery County Correctional Facility (MCCF) lengthens time in treatment, reduces the odds of recidivism, protects the community, and reduces the chances of individuals with behavioral health disorders ending up in other institutions.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Police Department, Department of Correction and Rehabilitation, judges in the Court System, Department of Parole and Probation, Public Defender System.

MAJOR RELATED PLANS AND GUIDELINES: Code of Maryland (COMAR) for Addictions and Mental Health Services; American Society of Addiction Medicine Patient Placement Criteria, Second Edition - Revised (ASAM PPC-2R); the Diagnostic and Statistical Manual for Mental Disorders, Version 4; Federal confidentiality regulations.

HEALTH AND HUMAN SERVICES
Behavioral Health and Crisis Services

PROGRAM:
Criminal Justice/Behavioral Health Services

PROGRAM ELEMENT:
Jail Addiction Services (JAS)

PROGRAM ELEMENT MISSION:
To provide an intensive treatment program for alcohol and/or drug addicted inmates at the Montgomery County Correctional Facility (MCCF) in order to (1) reduce harm to individuals, families, and the community, and (2) increase the ability of individuals and families to be self-sufficient

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy
- Individuals and families achieving their maximum possible level of self-sufficiency

PROGRAM MEASURES	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:					
Percentage of clients successfully discharged from treatment	78	82	86	78	78
Percentage of clients readmitted	20	16	7	18	18
Service Quality:					
Number of successful JAS clients who were re-incarcerated in the MCCF within six months	40	18	26	15	15
Efficiency:					
Average cost per client treated ($)[a]	1,978	884	974	1,046	1,088
Workload/Outputs:					
Number of clients treated	225	533	492	500	500
Inputs:					
Expenditures ($000)[b]	445	471	479	[c]523	[c]544
Workyears[b]	6.3	6.3	6.3	[c]6.0	[c]6.0

Notes:

[a]Includes only funds for treatment in the Department of Health and Human Services budget. Does not include housing, food, and other related costs which are provided by the Department of Correction and Rehabilitation.

[b]Includes operating expenses budgeted in the Service Chief's office in FY03 and FY04. For FY05 through FY07, operating expenses are budgeted directly in the program.

[c]This figure includes salary lapse.

EXPLANATION:
Criminal justice and addiction research indicates that combining criminal justice supervision and addiction treatment in a program of graduated sanctions controls an offender's behavior in the community so that an effective amount of treatment can be delivered. Individuals who stay in treatment the longest are those who are involved with the criminal justice system. A two-year outcome study of the Jail Addiction Services (JAS) program in Montgomery County proved the effectiveness of this strategy. Participation in this intensive ten-week jail-based residential addiction treatment program for alcohol and/or drug addicted inmates at the Montgomery County Correctional Facility reduced the probability of re-offending by 45%. Participation in community-based treatment after JAS, which lengthens the time in treatment, reduced the odds of recidivism by over 75%.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Department of Correction and Rehabilitation, Criminal Justice System, out-of-state long-term residential treatment programs.

MAJOR RELATED PLANS AND GUIDELINES: Code of Maryland (COMAR) for Addictions Services; Maryland Alcohol and Drug Abuse Administration; Department of Health and Mental Hygiene, Office of Health Care Quality.

HEALTH AND HUMAN SERVICES
Behavioral Health and Crisis Services

PROGRAM:
Housing Stabilization Services; Supportive Housing Services

PROGRAM ELEMENT:

PROGRAM MISSION:
To prevent loss of permanent housing and homelessness, and to prevent the re-occurrence of homelessness for vulnerable families

COMMUNITY OUTCOMES SUPPORTED:
- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum level of self-sufficiency

PROGRAM MEASURES	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:					
Percentage of households remaining housed 12 months after receiving emergency services assistance[a]	99	98	97	97	97
Percentage of households remaining in own housing 12 months after receiving supportive services[a]	NA	94	94	96	95
Service Quality:					
Percentage of customers rating their experience with Emergency Services as helpful[b]	92	92	91	93	93
Efficiency:					
Average cost per eviction prevention case, excluding grants ($)	333	412	[e]473	[f]711	740
Average cost per supportive services case ($)	NA	NA	NA	247	247
Outputs/Workload:					
Total number of households receiving grants	6,352	8,890	8,912	6,125	6,125
Number of Supportive Services cases	NA	NA	2,752	2,700	2,700
Number of "Emergency Assistance to Families with Children" grants	1,774	1,837	1,773	1,800	1,800
Number of eviction prevention grants	1,794	1,508	1,648	[g]1,900	[g]1,900
Number of other emergency assistance grants[c]	1,009	2,442	1,333	1,000	1,000
Inputs:					
Expenditures - total ($000)	3,320	3,749	3,846	5,796	6,016
Expenditures - excluding grants ($000)	2,117	2,550	2,601	[f]5,401	5,621
Workyears	26.0	[d]32.0	33.0	[f]41.5	41.5

Notes:

[a]The percentage of clients who remain housed is measured by comparing grant or services recipients with those evicted in the following year as reported in records from the Office of the Sheriff and those who entered homeless services as reported by the Homeless Tracking System.

[b]Customer survey cards are distributed periodically at office locations to a representative sample of clients receiving services.

[c]Includes all grants issued that were not related to obtaining or maintaining housing, i.e., burial, utility, moving, storage, and transportation. Does not include persons issued grocery store food certificates.

[d]Six staff positions were transferred from the Regional Services Centers during FY04.

[e]The cost per eviction prevention is calculated at 25% of the expenditures excluding grants.

[f]The FY06 increases reflect the inclusion of Supportive Housing Services and State funds for emergency services. Average cost for support services cases will be tracked in FY06.

[g]The projected increase is due to the higher cost of rents and security deposits.

EXPLANATION:
This program provides assessment, case management (including referral to community emergency assistance providers), and financial assistance to households to prevent loss of employment, eviction, and homelessness. Utilizing Federal/State Emergency Assistance to Families with Children funds and County grants, social workers can provide assistance such as payment of rent and utility arrearages, security deposits, move-in expenses, and moving and storage expenses. Stabilizing individuals in housing is cost-effective in preventing the social disruption to families associated with becoming homeless (with all the attendant consequences), and in preventing the greater expense of providing emergency shelter services. Supportive services help families who have been assisted with housing take the necessary steps to ensure the self-sufficiency of the family.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Emergency Assistance Coalition, United Way FEMA Program, Housing Opportunities Commission, Department of Housing and Community Affairs, Sheriff's Office.

MAJOR RELATED PLANS AND GUIDELINES: Locally defined program guidelines, Local Temporary Cash Assistance Plan.

HEALTH AND HUMAN SERVICES
Behavioral Health and Crisis Services

PROGRAM: Mental Health Services for Seniors and Persons with Disabilities

PROGRAM ELEMENT: Mental Health Services for Seniors

PROGRAM MISSION:
To improve the mental health of seniors

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy
- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum level of self-sufficiency

PROGRAM MEASURES	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:					
Percentage of homebound clients working with therapists or peer counselors showing improvement using the MHSIP scale[a]	NA	NA	78	70	70
Percentage of clients accepting treatment[b]	78	78	80	75	75
Percentage of clients and providers receiving prevention and early intervention services reporting positive response on the satisfaction survey	NA	NA	97	70	70
Percentage of providers receiving mental health consultation reporting positive response on the satisfaction survey	NA	92	91	90	90
Service Quality:					
Average length of time between referral and first outreach home visit by therapist (working days)	10	10	11	10	10
Efficiency:					
Average cost per client served ($)	NA	NA	523	545	554
Workload/Outputs:					
Number of referrals for home visits	NA	NA	139	150	140
Number of home visits	NA	NA	1,711	1,800	1,500
Number of homebound clients seen	NA	158	156	158	156
Number of clients seen in the community (Prevention Program)	NA	NA	563	550	550
Number of clients discussed with provider concerning clinical issues (Prevention Program)	NA	90	136	90	90
Number of Department of Health and Human Services client cases receiving senior mental health consultation concerning clinical issues	157	149	[f]146	150	150
Number of professionals trained in senior mental health issues	[c]339	195	[g]424	100	100
Inputs:					
Expenditures ($000)	299	313	[d]524	535	542
Workyears[e]	1.9	1.9	2.0	2.0	2.0

Notes:

[a]The Mental Health Statistics Improvement Program (MHSIP) scale is a consumer-oriented instrument used to measure clients' progress in psychological symptoms and level of functioning.

[b]Neighbors, family, and other agencies refer the elderly to this service. An initial goal (and measure of success) is for those referred (who often initially do not want the service) to accept a home visit and services.

[c]In FY03, after a serious safety issue arose, training was provided to Springfield Hospital Center staff and Montgomery County police officers, as well as Department of Health and Human Services staff. Consequently, the FY03 results for this measure were higher than usual.

[d]The budget increase reflects the merger of all senior programs in FY05, including Senior Outreach, Hispanic Outreach, Peer Counseling, and Prevention and Early Intervention Mental Health Services.

[e]Workyears include oversight, clinical direction, contract monitoring, training, consultation, and administrative support.

[f]This involved 215 consultations on 146 cases.

[g]The 424 professionals trained includes 355 professionals trained in co-occurring disorders.

EXPLANATION:
Senior Mental Health Services provides mental health services in the individual's home or at a senior site to clients 60 years old and older who cannot or will not access traditional office-based services. Assessment, psychiatric evaluation, and brief treatment are provided until ongoing services can be established for the patient. Peer counseling is also provided to homebound isolated seniors dealing with difficult life issues. The Prevention and Early Intervention program works with seniors in the community utilizing psycho-educational services, pre-admission visits, and drop-in groups at senior centers. This program also provides mental health consultation about mental health problems to Senior Center directors, Housing Opportunities Commission resident counselors, and assisted living providers. In addition, mental health consultation and training are provided to professionals who are working with senior mental health issues.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Aging and Disability Services, Crisis Center, family members, assisted living providers, Housing Opportunities Commission resident counselors, Meals on Wheels, visitors, Police.

MAJOR RELATED PLANS AND GUIDELINES: Maryland Department of Health and Mental Hygiene Senior Mental Outreach Services Grant.

HEALTH AND HUMAN SERVICES
Behavioral Health and Crisis Services

PROGRAM:
Outpatient Addiction Services

PROGRAM ELEMENT:

PROGRAM MISSION:
To provide preventive, supportive, and therapeutic services to addicted adults in order to: (1) reduce harm to individuals, families, and the community; and (2) increase the individual's and family's ability to be healthy and self-sufficient

COMMUNITY OUTCOMES SUPPORTED:
- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum possible level of self-sufficiency

PROGRAM MEASURES	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:					
Percentage of clients re-arrested during treatment	10	5	2	10	10
Percentage of clients employed at the end of treatment	38	32	[a]10	[a]5	[a]10
Percentage of clients whose case was reopened within one year	6	26	18	20	20
Service Quality:					
Percentage of clients successfully discharged from treatment	29	22	26	30	35
Average length of stay for clients discharged from treatment (days)	NA	NA	NA	90	90
Efficiency:					
Average annual cost per client served in treatment ($)	4,951	5,163	4,387	5,223	5,313
Workload/Outputs:					
Number of clients completing orientation	524	379	[b]304	[b]555	[b]580
Number of clients served in Outpatient Treatment	410	384	484	425	465
Number of clients served in Methadone Assisted Treatment Program	79	77	103	110	115
Number of clients served with co-occurring disorders[c]	352	322	341	382	397
Number of clients provided vocational rehabilitation services	305	155	179	215	236
Inputs:					
Expenditures ($000)[d]	2,421	2,380	2,575	2,899	3,082
Workyears[d]	24.8	24.7	25.7	27.8	28.0

Notes:

[a]The FY05 decrease in clients employed at the end of treatment is due to the removal of the GED program and clients leaving the program prior to completing their vocational intake. Since in FY05 it was being recommended that clients not work during Phase I, typically clients would not have a vocational interview until Phase II. In March, 2005, a new admissions process was implemented which includes vocational intake. Clients are assessed for vocational training/job readiness prior to treatment, and a plan is designed based on their needs and skills. When Phase I is complete, the clients are ready to become part of the workforce. In FY06, the program is re-opening on-site computer classes to help clients learn basic skills needed in the workforce, which should eventually increase their ability to stay employed during and after treatment. In addition, in mid-FY06, the program changed the above-mentioned policy concerning clients working during Phase I of treatment. Clients are now allowed to find employment and/or keep employment from the beginning of their treatment. As a result of this change in policy, the percentage of clients employed at the end of treatment in FY07 is expected to increase.

[b]The decrease in clients completing orientation in FY05 is due to a high rate of "no shows." In March, 2005, the admissions process was changed to place more responsibility on the referring agency, resulting in more thorough evaluations and referrals to the program. Clients are now admitted at the point of intake instead of after completing orientation. After March, 2005, the number of "no shows" decreased by 32%. FY06 and FY07 projections reflect the increase in clients showing up for orientation.

[c]A co-occurring disorder involves both mental health and substance abuse disorders.

[d]Includes operating expenses budgeted in the Service Chief's Office in FY03 and FY04. FY05 through FY07 operating expenses are budgeted directly in the program. The FY06 increase in workyears reflects the conversion of two half-time positions in the Methadone Program to full-time to serve 30 additional clients, and creation of a full-time Spanish-speaking Therapist II to work in the new Adult Drug Court initiative. The slight FY07 increase in workyears reflects the addition of 0.8 workyears for a full-time Therapist II which is being funded for the Adult Drug Court (this position was suspended in FY06 due to lack of grant funding) and a change in salary lapse.

EXPLANATION:
This program provides intensive outpatient and chemotherapeutic treatment services for citizens in need of this service model, including self-referred clients, persons referred from the criminal justice system, homeless clients, and clients with other social necessity requirements (e.g., Child Welfare Services referrals). Special emphasis is placed on treating addicted women with children, the homeless, opiate addicts, and individuals with co-occurring (substance abuse and psychiatric) disorders.

Dealing with this type of population makes treatment very difficult. Outpatient Addictions Services (OAS) has partnered with many outside agencies to ensure that - and help - clients complete and achieve a sober and healthy lifestyle. OAS has redesigned its entire program so that it can be modeled after (and thought of as) a day treatment program. Program changes are in effect for all of FY06. To provide more effective treatment, OAS will be operating an outpatient mental health clinic in FY06 that will target the fast growing co-occurring population. OAS will be the first outpatient mental health clinic in the County that is designed to treat clients with co-occurring (substance abuse and mental health) disorders. The clinic will also generate revenue by billing private insurance carriers.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Department of Correction and Rehabilitation, Montgomery County Police Department, Housing Opportunities Commission, Division of Transit Services, Alcohol and Drug Abuse Administration, District Court, Circuit Court, non-profit organizations.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 8-403.

HEALTH AND HUMAN SERVICES
Behavioral Health and Crisis Services

PROGRAM: Partner Abuse Services

PROGRAM ELEMENT: Counseling and Advocacy Services

PROGRAM MISSION:

To increase the safety and well-being of domestic violence victims and their children by providing supportive human services for victims and children, teaching new behaviors to offenders, and increasing community awareness

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are safe
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:					
Percentage of victim clients who have taken appropriate safety plan steps[a]	NA	89	90	85	90
Percentage of ongoing counseling clients who demonstrate improvement in restoring autonomy from domestic violence[b]	49	58	69	55	60
Percentage of Court-referred abusers who report ceasing abuse upon completion of treatment	75	72	86	70	75
Service Quality:					
Percentage of clients who act upon the recommendation of the intake worker[c]	69	76	69	70	70
Percentage of Court-referred abusers who complete treatment	62	59	57	65	65
Efficiency:					
Average cost per client ($)	580	645	614	700	714
Workload/Outputs:					
Number of victim assistance legal service requests	825	815	1,091	800	900
Number of victim counseling/case management service requests	999	942	906	1,000	950
Number of offenders receiving counseling services	688	704	767	700	750
Inputs:					
Expenditures ($000)[d]	1,558	1,688	1,698	1,749	1,857
Workyears[d]	18.4	18.4	18.25	18.4	18.4

Notes:

[a]Safety plan steps include actions such as filing a civil protective order or moving to a friend's home.

[b]As measured by the Domestic Violence Survivor Assessment, which tracks ten dimensions of the physical, psychological, and social impact of partner abuse. All clients who receive ongoing counseling are assessed as to whether and how they move through the safety steps: the pre-contemplation (or consciousness raising), contemplation (or preparation), action, and maintenance stages of making changes with regard to the problem of domestic violence in their lives.

[c]Victim clients who continue in counseling when appropriate after an initial consultation with a staff member.

[d]Beginning in FY03, includes all relevant administrative and other staff costs.

EXPLANATION:

Partner Abuse Services provides counseling, shelter and support to victims of partner-related physical abuse and counseling to abusers in order to increase the safety and well-being of victims of domestic violence. Key to stopping intimate partner violence is a coordinated community response, within which human services play a crucial role. Program staff work closely with the justice system and other community partners to hold abusers accountable for their behavior and to maximize the safety of victims and the family's children. The increased workload in FY05 resulted from program enhancements and close collaboration with the justice system.

The Abused Persons Program assists most victim clients in taking sufficient legal and other steps, such as filing civil orders and/or criminal charges to establish relative safety from domestic violence. In addition, the smaller number who continue in counseling are helped in moving forward in the stages of recovery of autonomy from domestic violence victimization. Most remain in counseling long enough to move through at least one of four stages. The program also serves those who have perpetrated abuse, about 7% of whom are women and about 10% of whom are not mandated by any court or agency. The standard counseling service for these persons includes a full psychosocial assessment, case management of any relevant problems (primarily substance abuse or mental health problems), and counseling, usually in a time-limited group format addressing attitudes towards family violence and skill deficits that can lead to partner abuse. The FY05 improvement in program completers' reported rate of stopping physical abuse may reflect program changes being made as part of a grant-funded research project to better tailor the intervention to participants' needs.

The program also offers or facilitates community educational programs to build community awareness of domestic violence, improve the ability of potential victims and their families to access needed legal and human services, and foster effective responses to domestic violence by the community. The program provides some counseling services for children who have witnessed domestic violence to mitigate its impact on their lives and future development, and supports community providers and the "Safe Start" program currently administered by the Office of the Sheriff.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Police, Sheriff, State's Attorney, Department of Correction and Rehabilitation, District and Circuit Court; Maryland Department of Human Resources; Family Violence Council; Victim Services Advisory Board.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 7-6, 4-501, and 4-516; "Guidelines for Abuser Intervention Programs," Lt. Governor's and Attorney General's Family Violence Council, 1997.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Behavioral Health and Crisis Services

PROGRAM: Partner Abuse Services

PROGRAM ELEMENT: Domestic Violence Shelter Services

PROGRAM MISSION:
To increase the safety of domestic violence victims by providing emergency shelter and supportive services

COMMUNITY OUTCOMES SUPPORTED:
- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum level of self-sufficiency
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:					
Percentage of domestic violence victims who establish safer living conditions after leaving the Family Residential Shelter	75	82	83	80	80
Percentage of victim clients who have taken appropriate safety plan steps[a]	NA	85	89	80	85
Service Quality:					
Percentage of Shelter residents interviewed on termination who reported their stay as being "helpful" or "very helpful"	90	88	87	90	90
Average length of stay (days)	NA	40	35	40	40
Efficiency:					
Average cost per family served in the shelter ($)	6,375	6,551	6,428	6,306	6,488
Outputs:					
Number of families served in the shelter	157	156	156	160	160
Inputs:					
Expenditures ($000)[b]	1,001	1,022	1,003	1,009	1,038
Workyears[b]	1.0	1.0	1.0	1.0	1.0

Notes:

[a]This measure is required by the Maryland Department of Human Resources and replaces the previous, more limited measure, "percentage of victim clients who take at least one safety action step." Safety plan steps include actions such as filing a civil protective order or moving to a friend's home.

[b]Beginning in FY03, includes all relevant administrative, victim assistance, and other staff costs.

EXPLANATION:
As part of its array of services, Partner Abuse Services provides counseling and shelter to victims of partner-related physical abuse. Since opening in 2000, the Betty Ann Krahnke Center shelter (BAKC) has afforded the opportunity for stays of up to 90 days for victims fleeing abuse, greatly reducing the number of families in need of emergency shelter housed under other arrangements. Enhancements made to the shelter in FY03 helped the provider place more emphasis on alternative living accommodations and safety planning to reinforce this service model. The County's housing shortage continues to affect many of these victims and their families, but currently most clients are able to leave the shelter for a safer housing situation within 90 days of admission, with the average stay being 35 days.

A new provider assumed responsibility for the shelter in July 2003. Intensive case management, focused counseling, and close collaboration with the Abused Persons Program has improved key outcome measures for this service. Based on discharge plans, 83% of the families leaving the Betty Ann Krahnke Center in FY05 achieved safer living conditions, and 87% of those who terminated rated the services they received as helpful or very helpful. Efforts will continue to meet the multiple needs of many of these survivors and to maintain positive outcomes, placing them on the road to healing and lives free from abuse.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Police, Sheriff, State's Attorney, Department of Correction and Rehabilitation, District and Circuit Court; Maryland Department of Human Resources; Family Violence Council, Victim Services Advisory Board.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 7-6. 4-501. and 4-516.

HEALTH AND HUMAN SERVICES
Behavioral Health and Crisis Services

PROGRAM: Rental and Energy Assistance Program

PROGRAM ELEMENT: Home Energy Programs

PROGRAM MISSION:
To provide heat and electric assistance grants to fuel suppliers and utility companies on behalf of eligible low-income households to help make energy costs more affordable and prevent service disconnection

COMMUNITY OUTCOMES SUPPORTED:
- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum level of self-sufficiency

PROGRAM MEASURES	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:					
Percentage of households that may be eligible for Home Energy Assistance that actually received program benefits[a]	13	16	17	15	15
Percentage of households receiving benefits for which the benefit also prevented utility disconnection	33	33	32	35	35
Service Quality:					
Percentage of households that completed the application process by providing all necessary documentation	87	88	85	90	90
Efficiency:					
Average administrative cost per application processed ($)[c]	69	56	57	48	45
Workload/Outputs:					
Number of applications received and processed	4,779	5,470	6,361	6,800	7,200
Number of applications approved for benefits	3,634	4,224	4,729	5,340	6,000
Inputs:					
Expenditures ($000)[b]	582	576	690	790	770
Workyears[b]	5.2	4.2	4.2	4.2	4.2

Notes:

[a]The number of households eligible to receive program benefits is estimated by determining the number of households (by household size) in Montgomery County whose household income is at or below 150% of the Federal Poverty Level. The Maryland Department of Human Resources estimates, based on the 2000 census, that 27,280 Montgomery County households might be eligible.

[b]Expenditures include the estimated amount for grants issued directly by the County and reimbursed by the Maryland Department of Human Resources. This amount fluctuates each year depending upon fuel cost, temperature, and the percentage of applicants receiving benefits that use wood and oil as their fuel source. The FY06 budget includes $180,000 for an energy tax rebate that will provide 4,500 households with a $40 rebate. The County Executive approved a special initiative in FY06 to add $230,000 to the program to increase the energy tax rebate from $40 to $80 per household.

[c]This measure includes administrative costs only. The budgeted FY06 amount was $323,774; for FY07, the requested amount is $323,774.

EXPLANATION:
The Home Energy Assistance Program helps low-income households meet their electricity and heating costs. Reducing the high cost of home energy helps prevent utility disconnections. The Federal Department of Health and Human Services makes grants to states. Maryland grants are administered by the Department of Human Resources. The Department of Human Resources contracts with local agencies to operate the Maryland Energy Assistance Program which disburses the Federal grants. The Electrical Universal Services Program is a State program funded through the collection of fees from residential, industrial, and commercial electric customers. Both programs provide assistance to households whose income is at or below 150% of the Federal Poverty Level and who are responsible for their heating and/or utility costs. Lump sum grants are issued on behalf of a household once per year after processing mail-in applications. Households may be denied if they either fail to meet the eligibility criteria or fail to provide requested documentation to determine their eligibility. County staff conduct outreach to make more eligible households aware of the program. They also work with applicants to assist them with application completion and documentation in an effort to reduce the number of denials due to failure to submit verification.

In FY05, 6,361 applications were processed and 4,729 applicants were approved for home energy assistance, representing only 17% of the estimated eligible County households. Outreach efforts continue to encourage more eligible households to participate.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland State Department of Human Resources, non-profit community service organizations, utility service suppliers.

MAJOR RELATED PLANS AND GUIDELINES: Code of Maryland Regulations (COMAR) 07.06.06 (Maryland Energy Assistance Program).

HEALTH AND HUMAN SERVICES
Behavioral Health and Crisis Services

PROGRAM: Rental and Energy Assistance Program

PROGRAM ELEMENT: Rental Assistance

PROGRAM MISSION:
To enable low-income households, the elderly, and the disabled on fixed incomes to maintain rental housing

COMMUNITY OUTCOMES SUPPORTED:
- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum level of self-sufficiency

PROGRAM MEASURES	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:					
Percentage of renter households whose income is below 50% of the area median income that received program benefits[a]	4.2	6.4	6.2	6.4	6.4
Service Quality:					
Percentage of households that completed the application process by providing all necessary documentation	76	79	82	80	80
Efficiency:					
Average administrative cost per application processed ($)	91	97	103	108	136
Applications processed per workyear	608	748	697	745	745
Workload/Outputs:					
Number of applications received and processed	2,858	3,514	3,275	3,500	3,500
Number of applications approved for benefits[b]	1,798	2,381	2,314	2,450	2,450
Inputs:					
Expenditures - total ($000)[c]	3,678	3,799	3,914	4,338	4,361
Expenditures - administrative costs ($000)	259	342	337	379	[d]476
Workyears[c]	4.7	4.7	4.7	4.7	4.7

Notes:

[a]Based on 2000 Census data from the Montgomery County office of the Maryland-National Capital Park and Planning Commission, it is estimated that approximately 37% (37,410) of Montgomery County's 101,221 rental households have an income below 50% of the area median income ($35,797).

[b]Includes all applications approved for benefits, including those placed on a waiting list due to the unavailability of funds.

[c]Includes 0.2 workyear for a program manager budgeted in Housing Stabilization Services.

[d]The FY07 administrative cost increased because the program has to employ temporary staff in order to process applications and determine eligibility in a timely manner.

EXPLANATION:
The Rental Assistance Program helps low-income households, the elderly, and disabled persons on fixed incomes who spend a disproportionate amount of their income on rent to maintain rental units appropriate to their needs. Reducing the monthly rent burden for low-income households helps keep families out of substandard housing and also helps prevent eviction and homelessness. Monthly monetary assistance is provided to eligible households of at least two members and to persons who are at least 62 years old or disabled.

Eligibility is limited to households with assets of less than $10,000 and incomes below 50% of the area median income with a rent burden of more than 25% to 35% of their gross monthly household income relative to household size. Applications are accepted by mail. Households are denied if they either fail to meet the eligibility criteria or fail to provide the requested documentation needed to determine their eligibility.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Housing Opportunities Commission, Montgomery County Department of Finance, Department of Housing and Community Affairs, City of Rockville Housing Authority, private nonprofit housing programs for special populations.

MAJOR RELATED PLANS AND GUIDELINES: Montgomery County Code, Chapter 41A, Rental Assistance; Executive Regulation 24-99AM, Requirements for the Rental Assistance Program.

HEALTH AND HUMAN SERVICES
Behavioral Health and Crisis Services

PROGRAM: Shelter Services

PROGRAM ELEMENT:

PROGRAM MISSION:
To prevent weather-related deaths and improve housing stability for homeless adults and families

COMMUNITY OUTCOMES SUPPORTED:
- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum possible level of self-sufficiency

PROGRAM MEASURES

	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:					
Number of weather-related deaths of homeless persons	0	0	0	0	0
Percentage of homeless single adults placed in transitional shelters who graduate to independent housing[a]	57	37	45	55	55
Percentage of homeless families who move to more stable housing after leaving emergency shelter	61	[c]42	55	60	55
Service Quality:					
Average length of stay in emergency shelter for single adults (days)	30	17	68	35	35
Average length of stay in transitional shelter for single adults (days)	199	205	180	200	200
Average length of stay in emergency shelter for families (days)	92	58	43	[d]90	[d]90
Efficiency:					
Average cost per single adult served ($)	1,825	2,252	1,517	1,801	1,915
Average cost per family served ($)	10,167	4,845	6,503	7,000	7,091
Workload/Outputs:					
Number of single adults served in emergency shelter	1,368	[c]985	1,233	1,350	1,350
Number of single adults served in transitional shelter[a]	292	[c]292	313	320	320
Number of families served in emergency shelter	86	[c]194	181	175	175
Inputs:					
Expenditures ($000)[b]					
Single adults	2,496	2,218	2,345	2,432	2,585
Families	915	940	1,177	1,225	1,241
Workyears[b]					
Single adults	2.25	2.25	2.25	2.25	2.25
Families	2.25	2.25	2.25	2.25	2.25

Notes:

[a]Includes all transitional shelters (Community Based Shelter, Bethesda House, Carroll House, Chase Men's Shelter, Dorothy Day Place, and Watkins Mill House). Most individuals in transitional shelters have also received services in an emergency shelter.

[b]Beginning in FY03, inputs include all relevant administrative and personnel costs to support these programs. However, they do not include the cost of placing clients in motels when they cannot be placed in the shelter system, and they do not reflect case management day programs. Funds were added in FY05 to expand services at the Gude Men's Shelter.

[c]Estimates. Complete data were not available for all shelter programs from the new automated Homeless Tracking System in FY04. Modifications to the data system allowed accurate reporting in FY05.

[d]The projected increase in the length of stay for families is due to tighter resources and the increased demand for these services.

EXPLANATION:

Shelter Services provides shelter, case management, and support services to homeless individuals and families in order to ensure stable housing and to prevent weather-related deaths of homeless persons. Research suggests that to increase the likelihood that a homeless individual will become self-sufficient, a mix of housing and supportive services is needed. To address the problem of homelessness, it is necessary to target services to subpopulations such as those with serious mental illness, chronic substance abuse, or both. Interventions are most likely to be effective if they are based on strategies specific to cultural and ethnic subgroups and address barriers that prevent different groups from moving through the system.

Research conducted on the chronically homeless suggests that without interventions that address the underlying causes of homelessness, the length of time single adults remain in emergency shelter increases. Barriers to interventions with the chronically homeless include the difficulty of engagement and treatment compliance for those living on the streets for long periods of time.

In FY05, homeless families were placed at the three familiy shelters for short term assessment. Many of these families were accepted into the regular shelter programs following the assessment period. This has resulted in more families being served in emergency shelters and has reduced the length of stay.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Housing Opportunities Commission, Police, Department of Housing and Community Affairs, Montgomery County Public Schools, Child Support Enforcement, Maryland Department of Human Resources, Maryland Department of Health and Mental Hygiene, City of Gaithersburg, City of Rockville, local shelters, faith community.

MAJOR RELATED PLANS AND GUIDELINES: COMAR (7-6, 4-501, and 4-516).

HEALTH AND HUMAN SERVICES
Behavioral Health and Crisis Services

PROGRAM: System Planning and Management

PROGRAM ELEMENT: Contract Monitoring

PROGRAM MISSION:
To plan, monitor, evaluate, and develop a system of behavioral health care services in Montgomery County that helps children and adults achieve their highest possible level of recovery in order to build a safe, healthy, and strong community, one person at a time

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are mentally healthy
- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum level of self-sufficiency

PROGRAM MEASURES	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:					
Number of independent living units for behavioral health consumers	NA	73	73	91	106
Number of consumers transitioned from State psychiatric facilities to community residential services	NA	16	[e]6	16	16
Number of consumers transitioned from residential rehabilitation programs to independent living	NA	6	4	6	6
Percentage of children served in the Therapeutic Nursery program who are ready to enter Kindergarten	NA	100	100	100	100
Percentage of consumers enrolled in Evidence-Based Practice supported-employment programs able to maintain employment over six months	NA	68	68	75	75
Percentage of monitored contracts that report outcome measures with improved results[a]	75	100	100	100	100
Service Quality:					
Percentage of residential sites that passed inspections	NA	100	100	100	100
Percentage of consumer complaints that are successfully resolved	NA	95	94	95	95
Percentage of consumers in residential rehabilitation programs who are satisfied with services	NA	[f]70	73	73	73
Efficiency:					
Average administrative cost for monitoring functions per contract ($)	3,162	4,324	6,135	6,139	5,990
Workload/Outputs:					
Number of residential inspections conducted	NA	418	418	418	418
Number of children served in Therapeutic Nursery	NA	12	13	12	12
Number of consumers maintaining employment in Evidence-Based Practice supported employment programs	NA	380	250	400	400
Number of complaints received	NA	[f]18	17	18	18
Number of contracts monitored	37	37	37	36	38
Number of consumers served through all monitored contracts[b]	16,626	16,775	[b]16,900	16,800	17,000
Inputs:					
Total expenditures ($000)[c]	5,218	5,550	5,723	5,625	5,800
Expenditures for contract administration ($000)	117	160	227	221	228
Contract monitor workyears	1.5	1.5	2.0	2.0	2.0

Notes:

[a]Excludes seven contracts that primarily provide commodity-based one-time services associated with mental health support services.

[b]Includes an unduplicated count of customers served in outpatient mental health clinics and a duplicated count of customers served in grant-funded mental health services. This is an estimated figure since accurate unduplicated data are unavailable.

[c]Expenditures include funds awarded by the County, the State Community Mental Health Grant, the Federal Mental Health Block Grant, and the Projects for Assistance in Transition from Homelessness (PATH) Grant for the provision of mental health services not reimbursable by the Public Mental Health System.

[d]Workyears for contract monitoring were increased in FY05 due to increased monitoring requirements mandated by the Mental Hygiene Administration. This change increased the average cost of monitoring a service contract.

[e]The reduction in placements from State psychiatric facilities arises from two factors: the vacancies available in the Residential Rehabilitation Program (RRP), and the functioning and service needs of the hospital patient. The Mental Hygiene Administration has placed a moratorium on RRP expansion, so any new placements must occur within the existing complement of 339 beds.

EXPLANATION:
System Planning and Management, also known as the Core Service Agency (CSA), plans, develops, monitors, and evaluates the behavioral health care system in Montgomery County and is designated by the State of Maryland as the mental health authority for the State Public Mental Health System. The overall goal is to create an environment where children and adults with mental health needs are recognized as an integral part of the community with access to treatment services that promote mental wellness and recovery. The CSA does not provide direct services but works to ensure that clinically appropriate services are available for consumers and families.

The contracts represent a wide range of specialized mental health services that are provided to mental health consumers in Montgomery County. These range from residential services, vocational training and employment assistance, outreach and case management services to respite care, consumer-run services, therapeutic nursery services, and parent training. Specialized mental health services that are procured under contracts provide quarterly contract monitoring and outcome reports that indicate the number of consumers served, the number with improved results such as engagement in mental health treatment, the number who obtain financial entitlements, the number evaluated and treated for mental health needs, and the number hired on a part-time or volunteer placement, etc. The System Planning and Management Unit monitors each of the 37 contracts through annual site visits, site inspections, and concurrent monitoring visits with State licensing agents.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: The Mental Hygiene Administration in Maryland's Department of Health and Mental Hygiene, Mental Health Advisory Committee, Collaboration Council, National Alliance for the Mentally Ill in Montgomery County, Commission on Aging, Coalition for the Homeless, Housing Opportunities Commission, Department of Housing and Urban Development, providers participating in the Public Mental Health System, County-funded mental health providers. County government partners that incorporate behavioral services include Mental Health Services, Addiction Services, Aging and Disability Services, the Juvenile Assessment Center, the Department of Correction and Rehabilitation, and the Department of Housing and Community Affairs.

MAJOR RELATED PLANS AND GUIDELINES: FY05 and FY06 System Planning and Management/Core Service Agency Plan/Budget, Maryland Department of Health and Mental Hygiene Annual State Mental Health Plan, Community Mental Health Grant, Federal Mental Health Block Grant, PATH (Projects for Assistance in Transition from Homelessness) Grant, Maryland American Psychiatric Systems (MAPS) Provider Manual, Montgomery County Mental Health Strategic Plan, Blue Ribbon Task Force.

HEALTH AND HUMAN SERVICES
Behavioral Health and Crisis Services

PROGRAM: 24-Hour Crisis Center

PROGRAM ELEMENT: Assertive Community Treatment (ACT) Team

PROGRAM MISSION:
To increase the self-sufficiency and health of the seriously and persistently mentally ill for whom conventional outpatient treatment and inpatient hospitalization have not been effective

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy

PROGRAM MEASURES	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:					
Percentage of clients who require any psychiatric hospitalization	10	7	5	10	10
Percentage of clients in stable living arrangements	77	83	84	80	80
Percentage of clients who are arrested by the police	2	1	3	5	5
Percentage of clients who are medically stabilized	92	97	98	95	95
Service Quality:					
Percentage of clients who remain engaged in ACT treatment within the fiscal year	89	74	89	90	90
Efficiency:					
Average annual cost per client served ($)	14,686	[b]10,510	15,158	14,888	16,040
Outputs/Workload:					
Number of clients served[c]	70	98	[d]70	80	80
Inputs:					
Expenditures ($000)	1,028	1,030	1,061	1,191	1,284
Workyears	11.3	11.3	11.3	11.3	[e]11.0

Notes:

[a]The percentage of patients incarcerated is projected to increase slightly due to a focus on higher risk clients.

[b]In FY04, the cost per client served was substantially lower than in FY03 due to the greater number of individuals served as a result of an unusual combination of factors: several patients transferring from hospitals to community providers, and several patients re-locating to the area.

[c]The ACT Team is staffed to treat 70 patients at any one time. Due to the nature of the patients treated, the goal is to forge a connection with these patients for an extended period. Patients are only dropped and others added due to the following circumstances: the patient moves out of the jurisdiction, the patient is incarcerated or hospitalized for an extended period, the patient dies, or the patient becomes stable enough psychiatrically to be successfully transferred to an outpatient mental health clinic.

[d]In FY05, the ACT team had a therapist vacancy for an extended period, which reduced the total number of patients that could be treated. Another factor that explains the reduced number of patients treated is the lower patient turnover rate in FY05. The caseload was relatively stable throughout the year, with few patients leaving for any reason.

[e]This number includes salary lapse.

EXPLANATION:
The purpose of the ACT Team is to provide community based, multi-disciplinary mental health services to the seriously and persistently mentally ill population for whom conventional outpatient treatment and inpatient hospitalization have not been successful. The outcome measures focus on some of the characteristics that indicate increased levels of functioning from a holistic perspective: accepting shelter or moving into independent housing instead of living on the streets, avoidance of arrests, and meeting basic medical needs. The continued low arrest rate is a particular success since it is much lower than expected or previously experienced for this difficult-to-serve population. Research shows that due to the severity of mental illness experienced by those patients who are typically served by ACT teams, improvements in specific indicators may not be seen for a year or more after engaging with the team.

Although episodic hospitalization is required for some patients, this is not necessarily an indication that they are becoming less stable. The ability to get a patient into the hospital to prevent a serious problem is part of the process of changing the course of their illness. The ACT Team has been successful in shifting patient treatment out of emergency rooms to ongoing outpatient treatment and case management.

In FY04, 98 clients were served by the ACT Team. Of these, 97% were medically stabilized. Only 1% were arrested, and 7% required psychiatric hospitalization. The percentage of clients in stable living arrangements improved significantly to 83% in FY04. During FY05, a Substance Abuse and Mental Health Services Administration grant was received through the Maryland Mental Hygiene Administration designating Montgomery County as one of two primary sites in the State to receive additional training regarding this best practice model. As changes are made in the local model, they will also be taught to other ACT teams across the State.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery General Hospital, Washington Adventist Hospital, Shady Grove Adventist Hospital, Holy Cross Hospital, Suburban Hospital, Charter Potomac Ridge Hospital; community residences; Coalition for the Homeless; Mental Health Association of Montgomery County; Progress Place; Community Clinic; Community Ministries of Rockville; Community Ministry of Montgomery County; Montgomery County Police Department; Springfield Hospital Center.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.21.16.

HEALTH AND HUMAN SERVICES
Behavioral Health and Crisis Services

PROGRAM: 24-Hour Crisis Center

PROGRAM ELEMENT: Crisis Services

PROGRAM MISSION:
To provide 24 hour, 7 day-per-week phone, walk-in, and mobile crisis services to the residents of Montgomery County to stabilize individuals in situational, emotional, or mental health crisis in order to build a safe, healthy, and strong community, one person at a time

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy
- Children and vulnerable adults who are safe

PROGRAM MEASURES	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:					
Percentage of Mobile Crisis Team (MCT) clients stabilized in the community[a]	NA	58	62	60	65
Percentage of patients in Triage and Evaluation beds who are successfully stabilized (do not need involuntary hospitalization)[b]	94	94	91	90	90
Percentage of patients receiving crisis stabilization services who experience a reduction in symptoms[c]	NA	NA	NA	75	75
Service Quality:					
Percentage of MCT requestors rating their experience as positive	NA	96	97	95	95
Percentage of patients in Triage and Evaluation beds not re-admitted within the year[b]	85	94	96	85	85
Efficiency:					
Average cost per individual served by telephone ($)	NA	NA	NA	NA	TBD
Average cost per individual served by the Mobile Crisis Team ($)	NA	[d]NA	153	168	154
Average cost per patient served in a Triage and Evaluation bed ($)	1,138	[d]NA	1,124	825	837
Workload/Outputs:					
Number of individuals served though phone calls	NA	34,466	46,442	35,000	40,000
Number of individuals served through walk-in services	NA	4,751	5,763	5,500	5,800
Number of individuals served in Critical Incident Stress Management	NA	225	335	1,000	350
Number of individuals provided with outpatient Psychiatric Stabilization Services	NA	362	468	540	500
Number of Mobile Crisis Team interventions	425	537	589	540	600
Number of patients served in Triage and Evaluation beds	158	126	160	220	220
Inputs:					
Expenditures ($000)	2,766	2,568	2,997	3,025	3,070
Workyears	33.6	33.6	32.6	[e]31.2	31.5

Notes:

[a]"Stabilized" means that the mental health needs of the client are addressed and the client is not a risk to him/herself or others. The number of Mobile Crisis Team requests has increased due to the increased acuity of the situations involving mentally ill persons in the community, making it more likely that the disposition for the client may involve involuntary hospitalization. The criteria for executing an Emergency Evaluation Petition have been relaxed, so more persons with mental illness meet the criteria for a petition for further evaluation in the emergency room. These factors have affected the number of clients that are stabilized in the community.

[b]Triage and Evaluation clients are stabilized when they do not require involuntary hospitalization at discharge. The program seeks to provide services such that clients do not need involuntary or voluntary hospitalization at discharge and can function satisfactorily in the community with only outpatient services. However, it is difficult to collect data to determine the success rate for this effort.

[c]"Crisis stabilization services" are on-going services of up to four sessions provided to those patients who either require no additional mental health services or who are in need of services in the interim until services in the Public Mental Health System are available. The reduction in symptoms will be measured by pre- and post-administration of a symptom identification and rating scale.

[d]Data for these measures were entered into the data system, but the necessary reporting capabilities for the new system had not yet been developed.

[e]The FY06 reduction in workyears represents net salary lapse.

EXPLANATION:
The Crisis Center responds to a range of crisis situations with strategies that include crisis telephone services, walk-in services, and the Mobile Crisis Team. Psychiatric Stabilization Services allow mentally ill individuals immediate access to evaluation, medication, and monitoring until they can access the Public Mental Health System. The Mobile Crisis Team (MCT) provides emergency mental health services to individuals at any location in the community to stabilize the situation with the least restrictive method possible.

The Crisis Center also provides Critical Incident Stress Management (CISM) which offers groups who have experienced a traumatic incident a forum in which to discuss their reactions, be educated about the signs and symptoms of stress, and learn how to connect with additional services if necessary. The purpose of CISM is to ensure that individuals recover optimally and avoid problems such as post-traumatic stress disorder, anxiety, or depression. Incidents that may require CISM include train accidents, murders, suicides, or terrorist activities. The CISM response may be provided at the site of a traumatic situation and may include working with family members and on-lookers.

A Memorandum of Understanding was implemented between the Department of Health and Human Services, the Mental Health Association of Montgomery County, and Montgomery County Public Schools allowing for the sharing of mental health assets during critical incidents or disasters. This effort received a National Association of Counties Award for the "Community Crisis Mental Health Partnership."

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Mental Health Association of Montgomery County, Springfield Hospital Center, Montgomery General Hospital, Washington Adventist Hospital, Shady Grove Adventist Hospital, Holy Cross Hospital, Suburban Hospital, Charter Potomac Ridge Hospital, community residences, Coalition for the Homeless, Progress Place, Community Clinic, Community Ministries of Rockville, Community Ministry of Montgomery County, Montgomery County Police Department, Montgomery County Public Schools, community-based outpatient mental health clinics, Abused Persons Program, Victims Assistance and Sexual Assault Program, Addiction Services Coordination.

MAJOR RELATED PLANS AND GUIDELINES: Mental Health Strategic Plan.

HEALTH AND HUMAN SERVICES
Behavioral Health and Crisis Services

PROGRAM: Victim Assistance and Sexual Assault Services

PROGRAM ELEMENT: Community Education, Outreach, and Prevention

PROGRAM MISSION:
To increase the safety of Montgomery County residents by increasing public awareness of sexual assault and general crime, and of the available services and interventions for addressing them, with primary emphasis on children and adolescents and on disabled and Spanish-speaking women

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy
- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum level of self-sufficiency

PROGRAM MEASURES	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:					
Percentage of presentation participants reporting satisfactory knowledge of prevention[a]	94	93	94	94	94
Service Quality:					
Percentage of participants rating presentation as good or excellent	88	86	88	87	87
Efficiency:					
Average cost per presentation ($)	[b]279	140	311	195	313
Average cost per participant ($)	[b]9.11	5.90	11.27	8.43	13.38
Workload/Outputs:					
Number of presentations	349	371	167	166	166
Number of participants	10,695	8,819	4,610	3,884	3,884
Inputs:					
Expenditures ($000)	[b]97	[c]52	[d]44	45	52
Workyears	0.6	0.6	0.6	0.6	0.6

Notes:

[a]As reported on the Sexual Assault Myths and Facts test.

[b]The Community Outreach contract is included beginning in FY03.

[c]Funding was reduced due to the loss of the Federal grant for Federal fiscal year 2004.

[d]In FY05, County funds for the Community Education contract were cut.

EXPLANATION:
The Victim Assistance and Sexual Assault Program (VASAP) provides comprehensive services to sexual assault and general crime victims. A primary function of a rape crisis/general crime victim community education, outreach, and prevention program is to educate the public on sexual assault myths and facts as well as general crime prevention. While such education is available to all community members, VASAP has targeted specific populations as high priorities. Children and especially adolescents are often at risk for sexual assault or exploitation and are in need of information about how to protect themselves. In addition, disabled women and Spanish-speaking women have been identified by VASAP as being underserved and in need of special outreach by community educators.

In FY04, funding for outreach to these underserved populations was reduced, and outreach to disabled women and Spanish-speaking women was discontinued. In FY05, County funding for presentations to children and adolescents was cut. Extended staff vacancies made it impossible for clinical and victim assistance staff to make up the difference. Therefore, the number of participants served declined from FY04. Despite the decrease in funding, VASAP was able to offer excellent service to those it did reach, with both the outcome and service quality measures remaining high.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Crisis Center, Abused Persons Program, Public Health/STD Clinic, School Health Services, Montgomery County Police, Maryland-National Capital Park and Planning Commission - Park Police, State's Attorney's Office, Montgomery County Public Schools, Circuit and District Courts, hospitals, Maryland Department of Human Resources, Governor's Office of Crime Control and Prevention, Maryland Coalition Against Sexual Assault.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 07.06.02, Article 88A, Social Services Administration, Section 130; COMAR 10.12.02.

HEALTH AND HUMAN SERVICES
Behavioral Health and Crisis Services

PROGRAM:
Victim Assistance and Sexual Assault Services

PROGRAM ELEMENT:
Crime Victim Counseling Services

PROGRAM MISSION:
To provide a comprehensive array of services including counseling, victim assistance, and education to assist victims of sexual assault and other general crimes, including the surviving family members of a homicide, in overcoming trauma and maintaining safety

COMMUNITY OUTCOMES SUPPORTED:
- Children and adults who are physically and mentally healthy
- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum level of self-sufficiency

PROGRAM MEASURES	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:					
Percentage of counseled adult victims of crime who show a decrease in symptoms	83	85	80	84	83
Percentage of counseled child victims of crime who show a decrease in symptoms	71	78	82	70	77
Service Quality:					
Percentage of appointment cancellations	15.0	14.0	13.6	15.5	14.0
Percentage of client appointment "no shows"	6.0	5.7	5.5	6.0	6.0
Efficiency:					
Average cost per ongoing child and adult crime victim case ($)	627	498	541	652	734
Workload/Outputs:					
Total number of child crime victim cases	684	750	515	678	650
Total number of adult crime victim cases	1,710	1,945	2,281	1,644	1,680
Inputs:					
Expenditures ($000)	1,501	1,341	1,514	1,514	1,709
Workyears	14.5	14.5	15.0	15.0	15.0
Notes:					

EXPLANATION:
The Victim Assistance and Sexual Assault Program (VASAP) provides comprehensive services that include ongoing counseling and victim assistance for child, adolescent, and adult victims of rape and general crime. Crime victims and their families benefit from services that help them understand and use the criminal justice system and resolve the trauma caused by the violence they experienced. Victims of crime and their families are offered a variety of interventions such as group therapy, individual and family counseling, and psycho-educational groups in a supportive setting to help them resolve grief and anger caused by victimization, develop an appropriate sense of the meaning of the experience, and learn new skills to maintain safety. Crime victims receiving VASAP group and individual counseling in addition to victim assistance services report a reduction in distress. In FY05, total adult victims increased to 2,281 persons served, with 80% showing a decrease in symptoms. Child crime victims decreased to 515 in FY05, with 82% reporting a decrease in symptoms. The number of child victims declined due in part to an effort by the program to move older teens that had become adults into the adult category where they belong.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Crisis Center, Abused Persons Program, Public Health/STD Clinic, Montgomery County Police, School Health Services, Maryland-National Capital Park and Planning Commission - Park Police, State's Attorney's Office, Montgomery County Public Schools, Circuit and District Courts, hospitals, Maryland Department of Human Resources, Governor's Office of Crime Control and Prevention, Maryland Coalition Against Sexual Assault.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 07.06.02, Article 88A, Social Services Administration, Section 130: COMAR 10.12.02.

HEALTH AND HUMAN SERVICES
Behavioral Health and Crisis Services

PROGRAM: Victim Assistance and Sexual Assault Services

PROGRAM ELEMENT: Victim Assistance Services

PROGRAM MISSION:

To restore victims of sexual assault and other crimes to their pre-crime level of functioning by providing assistance in understanding and using the criminal justice system and in mitigating the financial impact of losses due to crime

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy
- Individuals and families achieving their maximum level of self-sufficiency

PROGRAM MEASURES	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:					
Percentage of victims of crime receiving victim assistance services that report receiving effective/valuable services[a]	92	96	98	94	95
Percentage of crime victim losses mitigated by the County's Compensation Fund	25	21	31	21	25
Service Quality:					
Percentage of victims of crime receiving victim assistance services that report being satisfied with those services[a]	100	100	100	90	90
Efficiency:					
Average cost per crime victim receiving victim assistance services ($)	470	574	599	597	625
Workload/Outputs:					
Number of crime victims that received victim services	830	759	798	800	800
Crime Victim Compensation Fund cases	102	85	79	100	90
Inputs:					
Program expenditures ($000)	390	436	478	478	500
County Victim Compensation Fund expenditures ($000)	90	82	89	93	90
Workyears	4.0	4.0	4.0	4.0	4.0

Notes:

[a]As reported by the victim using the Victim Assistance Evaluation form.

EXPLANATION:

The Victim Assistance and Sexual Assault Program (VASAP) provides a comprehensive array of services including ongoing counseling and victim assistance for victims of rape and general crime. Crime victims receive help to understand and use the criminal justice system and resolve the trauma caused by the violence they experienced. When victims are witnesses for the State, "Victim Assistants" can accompany them through the Court process and, in consultation with the State's Attorney's Office, advocate for cases to be moved, when appropriate, from the District to the Circuit Court - thus assuring a more serious penalty for a convicted felon. Victims with lower income can receive financial assistance through the County's Victim Compensation Fund and/or through the State's Criminal Injuries Compensation Board to pay for related medical bills, property repair, lost wages, and funeral expenses - thus mitigating the profound financial impact of the crime. However, these funds cover only a small portion of the concrete damages crime victims incur.

In FY05, 798 crime victims received Victim Assistance services, 39 more than during FY04. This was accomplished even though the program experienced two victim assistant vacancies due to promotion. In FY05, 98% of victims reported that services were effective and valuable, a somewhat higher percentage than during FY04. Service quality, as measured by client satisfaction, also remains very high at 100%.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Crisis Center, Abused Persons Program, Public Health/STD Clinic, School Health Services, Montgomery County Police, Maryland-National Capital Park and Planning Commission - Park Police, State's Attorney's Office, Montgomery County Public Schools, Circuit and District Courts, hospitals, Department of Human Resources, Governor's Office of Crime Control and Prevention, Maryland Coalition Against Sexual Assault.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.12.02; 07.06.02 Article 88A, Social Services Administration, Section 130.